

Table of Contents

Section 3 - Enrollment Requirements	3-1
Rendering Provider Enrollment Process	3-2
Tax Identification Number	3-2
Verify Your Tax Identification Number (TIN).....	3-2
Inactivated Providers	3-3
Voluntary Termination of Provider Participation.....	3-4
Electronic Data Interchange (EDI).....	3-4
HIPAA-Compliant Electronic Format Only	3-5
Ineligibility for EDI	3-5
Sample Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement.....	3-6
Sample Provider Service Office Electronic Data Interchange Option Selection Form.....	3-7
Sample Electronic Remittance Advice (ERA) Enrollment Form	3-8
Electronic Claims Submission and Payment Services.....	3-9
What Can Be Sent Electronically to Medi-Cal Dental	3-10
Sending Radiographs and Attachments.....	3-11
Digitized Images and EDI Documents.....	3-12
Digitized Imaging Vendor and Document Specifications.....	3-12
Medi-Cal Dental Provider Directory/Referral Form.....	3-14
Electronic Funds Transfer of Payment	3-16
Sample Electronic Funds Transfer of Enrollment Form.....	3-17
Section 4 - Treating Members.....	4-1
Member Identification	4-1
Medi-Cal Benefits Identification Card	4-1
Special Programs Identification Cards	4-2
Medi-Cal Identification Card for Presumptive Eligibility (MC 263 PREMEDCARD (4/96)) for Aid Code 7G	4-2
Immediate Need Cards.....	4-3
Verifying Member Identification.....	4-4
Medi-Cal Dental Member Eligibility	4-5
Verifying Member Eligibility.....	4-6
Internet	4-6
Automated Eligibility Verification System (AEVS).....	4-7
Share of Cost (SOC).....	4-7
Interactive Voice Response (IVR) System.....	4-8
Member Coverage	4-11

Table of Contents

Treating Members	4-11
ACA's Non-Discrimination Policy Applies to Medi-Cal.....	4-11
Restoration of Adult Dental Services.....	4-12
Table 1: Federally Required Adult Dental Services (FRADS)	4-13
Table 3: Restored Adult Dental Services (RADS)	4-13
Benefits Quick Reference Guide	4-14
California Advancing and Innovating Medi-Cal (CalAIM) Oral Health Initiatives.....	4-15
Proposition 56: Tobacco Tax Funds Supplemental Payments.....	4-18
\$1,800 Limit per Calendar Year for Member Dental Services, with Exceptions	4-19
Pregnancy-Related Services	4-19
Radiograph Requirements for Pregnant and Postpartum Members.....	4-20
Long-Term Care.....	4-20
Patients With Special Healthcare Needs	4-20
American Sign Language (ASL) Translation Services.....	4-21
Treating Members That Reside in Other Counties	4-22
Non-Medical Transportation (NMT)	4-22
Teledentistry.....	4-22
Consent.....	4-24
Billing for Teledentistry	4-24
Billing for Asynchronous Store and Forward (D9996).....	4-24
Billing for Synchronous or Live Transmissions (D9995).....	4-25
Emergency Services	4-25
Table 4: Omnibus Budget Reconciliation Act (OBRA) Emergency Services Only	4-27
Other Health Coverage	4-28
Prepaid Health Plan (PHP)/Health Maintenance Organization (HMO)	4-28
Child Health and Disability Prevention (CHDP) Gateway.....	4-29
Altered Cards and Other Abuses of Medi-Cal Dental Fraud, Help Stop Altered Cards and Other Abuses	4-31
Misuse of Benefits Identification Card	4-32
Prevention of Identity Theft	4-32
Member Complaint or Grievance Procedures	4-32
Initial Appeal to Provider.....	4-32
Notification to Medi-Cal Dental	4-32
Member Medi-Cal Dental Complaint Form (Page 1).....	4-35
Member Medi-Cal Dental Complaint Form (Page 2).....	4-36
State Hearing	4-37
Authorization of Services Through the State Hearing Process	4-37
Conditional Withdrawal	4-37
Granted Decision	4-37

Table of Contents

Contacting Medi-Cal Dental to Postpone or Withdraw a State Hearing.....	4-38
Aid Codes	4-38
Section 5 - Manual of Criteria and Schedule of Maximum Allowances	5-1
Section 6 - Forms.....	6-1
Medi-Cal Dental Forms	6-1
Ordering Forms.....	6-2
Optical Character Recognition (OCR)/Intelligent Character Recognition (ICR).....	6-3
Correct Use of Medi-Cal Dental Envelopes	6-5
Treatment Authorization Request (TAR)/Claim Forms	6-7
Sample TAR/Claim Form Submitted as a Treatment Authorization Request (TAR).....	6-8
Sample TAR/Claim Form Submitted as a Claim.....	6-9
How to Complete the TAR/Claim Form	6-10
How to Submit a Claim for a Member with Other Coverage	6-16
How to Submit a TAR for Orthodontic Services	6-17
Notice of Authorization (NOA) (DC-301, Rev. 4/20).....	6-19
Sample Notice of Authorization (NOA).....	6-21
How to Complete the NOA.....	6-22
Reevaluation of the Notice of Authorization (NOA) For Orthodontic Services	6-26
Reevaluations.....	6-27
Outstanding Treatment Authorization Requests (TARs).....	6-27
Notice of Medi-Cal Dental Action.....	6-29
Sample Notice of Medi-Cal Dental Action.....	6-30
Sample Notice of Medi-Cal Dental Action Insert: Reason for Action Codes	6-32
Resubmission Turnaround Document (RTD) (DC-102, Rev. 10/19).....	6-34
Sample Resubmission Turnaround Document (RTD)	6-35
How to Complete the RTD	6-36
Section "A"	6-36
Section "B"	6-37
Claim Inquiry Form (CIF) (DC-003, Rev. 10/19).....	6-38
CIF Tracer.....	6-38
Claim Re-evaluations	6-38
Sample Claim Inquiry Form (CIF)	6-39
How to Complete the CIF	6-40
Claim Inquiry Response (CIR).....	6-42
Sample Claim Inquiry Response (CIR)	6-43

Table of Contents

Checklists	6-44
Reminders	6-45
Time Limitations for NOAs.....	6-47
Justification of Need for Prosthesis (DC054, Rev 9/18)	6-48
<u>How to Complete the Justification of Need for Prosthesis Form</u>	6-50
Sample Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet (DC-016, Rev 09/18)	6-52
How to Complete the HLD Index Scoresheet.....	6-53
Explanation of Benefits (EOB)	6-54
Lost/Misplaced EOBs.....	6-54
Sample Explanation of Benefits (EOB)	6-55
How to Read the EOB.....	6-56
Sample Paid Claim, Levy	6-58
How to Read the Paid Claim with Levy Deduction EOB.....	6-59
Sample Levy Payment.....	6-60
How to Read the Levy Payment EOB	6-61
Sample Documents In-Process	6-62
How to Read the Documents In-Process EOB	6-63
Sample Accounts Receivable	6-64
How to Read the Accounts Receivable (AR) EOB	6-65
Sample Accounts Payable	6-66
How to Read the Accounts Payable (AP) EOB.....	6-67
Sample Readjudicated Claim.....	6-68
How to Read the Readjudicated Claim EOB	6-69
Section 7 - Codes.....	7-3
Adjudication Reason Codes	7-3
Claim In Process Reason Codes.....	7-37
Accounts Payable/Accounts Receivable Codes	7-37
Payable Codes.....	7-37
Receivable Codes	7-37
Readjudication Codes	7-38
Claim Correction Codes.....	7-38
Resubmission Turnaround Document (RTD) Codes and Messages	7-39
Member RTD Codes	7-39
Provider RTD Codes	7-39
X-Ray RTD Codes.....	7-39
Clerical RTD Codes.....	7-40

Table of Contents

Consultant RTD Codes.....	7-40
Maxillofacial Program RTD Codes.....	7-41
TAR/Claim Policy Codes and Messages.....	7-41
Claim Inquiry Response (CIR) Status Codes and Messages/Claim Inquiry Form (CIF) Action Codes and Messages.....	7-43
Prepaid Health Plans (PHP) and Codes	7-45
Section 8 - Fraud, Abuse, and Quality of Care	8-1
Surveillance and Utilization Review Subsystem (S/URS)	8-1
Introduction.....	8-1
Methods of Evaluation	8-1
Possible S/URS Actions	8-2
Help Stop Fraud	8-3
Statutes and Regulations.....	8-4
Pertaining to Providers.....	8-4
Confidentiality.....	8-4
Record Keeping Criteria	8-4
Identification in Patient Record.....	8-6
Cause for Recovery.....	8-6
Special Permits	8-7
Utilization of Nurse Anesthetist.....	8-7
Deep Sedation/General Anesthesia (D9222 and D9223).....	8-8
Intravenous Moderate (Conscious) Sedation/Analgesia (Conscious Sedation) (D9239 and D9243) ...	8-9
Non-intravenous Conscious Sedation (Oral Conscious Sedation) (D9248)	8-10
Oral Conscious Sedation for Adult Use.....	8-11
Billing Medi-Cal Dental	8-12
Billing for Benefits Provided	8-12
Sub-Standard Services.....	8-13
Excessive Services	8-13
Prohibition of Rebate, Refund, or Discount.....	8-13
Billing for Suspended Provider	8-13
Submission of False Information.....	8-13
Overpayment Recovery	8-14
Civil Money Penalties.....	8-15
Utilization Controls.....	8-17
Prior Authorization	8-17
Special Claims Review	8-18
Administrative Hearings	8-18

Table of Contents

Provider Audit Hearing	8-18
Request for Hearing	8-19
Member Fraud	8-20
Sharing of Medi-Cal Cards	8-20
Provider Assistance for Medi-Cal Fraud	8-20
Section 9 - Special Programs	9-2
California Children’s Services (CCS)	9-2
Genetically Handicapped Person’s Program (GHPP).....	9-2
CCS-only and Authorizations and Claims Processing	9-3
CCS/Medi-Cal Authorizations and Claims Processing	9-3
GHPP/Medi-Cal and GHPP-only Authorizations and Claims Processing	9-4
Orthodontic Services for CCS-only Members	9-4
Providing Orthodontic Services to Medi-Cal Dental Members.....	9-4
Eligibility	9-5
Changes in the Member’s Program Eligibility.....	9-5
Emergency Treatment	9-6
Other Coverage	9-6
CCS-only, GHPP/Medi-Cal and GHPP only Service Code Groupings (SCG).....	9-6
CCS-only Benefits.....	9-8
Contact Listings for Medi-Cal Dental, Medi-Cal Eligibility, GHPP, and CCS.....	9-11
CCS-only County Programs and CCS State Regional Offices.....	9-12
GHPP/Medi-Cal and GHPP-only State Office.....	9-12
Orthodontic Services Program.....	9-12
Enrollment and Orthodontic Certification	9-12
Initial Orthodontic Evaluation and Completion of the HLD Index Score Sheet	9-13
Diagnostic Casts.....	9-14
Clarification of Case Types	9-15
Orthodontic Treatment Plans	9-16
Treatment Plan Authorization and Payment Submission Procedures.....	9-17
Helpful Hints	9-18
Transfer Cases.....	9-18
Treatment Plan Authorization and Payment Submission Procedures.....	9-19
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	9-19
EPSDT: Frequently Asked Questions	9-20
Non-Emergency Medical Transportation (NEMT).....	9-24
Non-Medical Transportation (NMT).....	9-25

Table of Contents